



West Medford Community Center

West Medford Community Center, Afterschool Youth Club 2016 – 2017 Registration Form

Beginning in the Fall of 2016, the West Medford Community Center will begin administering the Afterschool Youth Club (AYC.) This full 3 page enrollment form must be completed in full by the parent or legal guardian prior to the youth member participation. The information collected in this document is private, will not be shared, and will be stored in both virtual and physical SECURE locations and shared as needed by authorized staff only.

Date of Enrollment:	
---------------------	--

YOUTH MEMBER INFORMATION 1st Child

Full Name:				
Date of Birth:		Gender (M/F)		Eligible for <u>free or reduced</u> School Lunch (Y/N):"
School:				Grade in Sept. 2016
Youth Member Phone #:				
Youth Member e-mail:				
Home Address:				

Attendance Plan: Please indicate the days of the week and the hours you expect to attend the club:				
Monday	Tuesday	Wednesday	Thursday	Friday

Special Instructions: Please let us know any special limitations or health information you feel we should know about this club member, e.g. special medical, physical, issues, dietary restrictions or allergies.

YOUTH MEMBER INFORMATION 2nd Child

Full Name:				
Date of Birth:		Gender (M/F)		Eligible for <u>free or reduced</u> School Lunch (Y/N):"
School:				Grade in Sept. 2016
Youth Member Phone #:				
Youth Member e-mail:				
Home Address:				

Attendance Plan: Please indicate the days of the week and the hours you expect to attend the club:				
Monday	Tuesday	Wednesday	Thursday	Friday

Special Instructions: Please let us know any special limitations or health information you feel we should know about this club member, e.g. special medical, physical, issues, dietary restrictions or allergies.



West Medford Community Center

West Medford Community Center, Afterschool Youth Club 2016 – 2017 Registration Form

PARENT/GUARDIAN INFORMATION

Please provide the following contact details for the parent or guardian responsible for the youth member.

Parent/Guardian Name(s):	
Relationship to the Youth Member:	
Best Phone # to reach you during Program Hours:	
Best e-mail to reach you during Program Hours:	

Please provide the following contact details for any other parent or guardian responsible for the youth member.

Parent/Guardian Name(s):	
Relationship to the Youth Member:	
Best Phone # to reach you during Program Hours:	
Best e-mail to reach you during Program Hours:	

Please provide the following contact details for any other adult we could call in case of emergency (in case we cannot contact the primary parent/guardian).

Name(s):	
Relationship to the Youth Member:	
Best Phone # to use during Program Hours:	

We value your involvement. Please let us know if there is a particular skill, ability, or activity you would like to offer the program.

--

Additional Information you feel would be helpful for us to know.

--

PERMISSIONS, RELEASES, EMERGENCY ARRANGEMENTS

This section MUST be completed by the youth member’s parent/guardian. Please review and initial your acceptance of all club arrangements. If you have special requests or concerns, please provide us with additional information.

Agreement to abide by club rules:

I understand that my child must abide by club rules (see attached Code of Conduct) intended to insure the safety and well-being of all youth members, staff, and volunteers. I understand that if my child is unable to do so, s/he may be required to leave the Club.

_____ (Parent/Guardian initials)

Permission to participate in activities:

I give my child permission to participate in all the activities being offered by the West Medford Community Center Youth Club, and certify that my child is physically healthy to participate in all activities. I will inform the Center and document any reasonable accommodations my child may need in order to participate in these activities. (All activities will take place at the West Medford Community Center or Dugger Park.)

_____ (Parent/Guardian initials)

Other Permissions (Please indicate those you agree or disagree to):

I give my permission for my child to participate in the following:

Walks, sports, and other activities off site from WMCC, limited to Dugger Park (yes or no)	
Photos of my child, for use within the program (yes or no)	
Photos of my child, for use outside of the program, e.g. news items, publicity, etc. (yes or no.)	

_____ (Parent/Guardian initials)



West Medford Community Center

West Medford Community Center, Afterschool Youth Club 2016 – 2017 Registration Form

Acknowledgment that the West Medford Community Center Afterschool Youth Club is “Non-Custodial”

Please initial to indicate that you understand that, while the West Medford Community Center will work in partnership with you and your child to ensure his/her safety, the Afterschool club is “non-custodial” and while we can encourage your child to stay for his/her scheduled hours, we **cannot require** the youth member(s) stay in the program for their full scheduled day.

_____ (Parent/Guardian initials)

Permission to Depart: (Please indicate those you agree or disagree to):

I have communicated to my child that it is my (parent/guardian’s) intention that (s)he to have permission to:

Leave the Club alone (yes or no)	
Leave the Club with a friend (yes or no)	
Only leave the club with a parent, guardian or another person approved of by the parent or guardian (yes, no)	
Other (Please explain below)	

_____ (Parent/Guardian initials)

Consent for Medical Treatment:

I understand that every effort will be made to contact me in the event of a medical emergency requiring medical attention for my child(ren.) However, if I cannot be reached, I authorize staff or volunteers of the West Medford Community Center to contact emergency medical units, and give permission to begin any necessary medical treatment.

_____ (Parent/Guardian initials)

Physician Contact:

Please provide name, address and phone number of the youth member’s regular medical physician:

Waivers:

I understand that the West Medford Community Center does not carry “Student Accident Insurance.” I agree to save and hold harmless the West Medford Community Center, its staff, volunteers, and Board of Directors from any and all liability for any damages or injuries that may occur while my child participates in youth club programs and activities.

_____ (Parent/Guardian initials)

Payment:

The West Medford Community Center (WMCC), a non-profit organization, aims to provide a high quality afterschool club. Beginning in September 2016 WMCC will begin charging \$150.00 per month for the afterschool club. The \$150.00 monthly fee covers direct staffing and programming expense. This fee should be paid in full prior to the first day of each the month of service. Enrollment in the program will be limited, and asking a \$100.00 deposit is required to reserve a slot for the upcoming year. This \$100.00 deposit will be credited to your first month enrollment.¹

_____ (Parent/Guardian initials)

Amount Attached:	\$
------------------	----

(Parent Name –Printed)	
(Parent Signature)	
Date:	

¹ If either the deposit or monthly fee is a barrier to your child’s participation, please contact us. We have a limited amount of resources that may be available to offset this expense for some families.